

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5-12-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes 90900 and 90906.

II. FINDINGS and RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
5-31-02	90900 (45 min)	\$90.00	\$0.00	A	\$2.00 / min	Rule 134.600(h)(4)	<p>Rule 134.600(h)(4) states, "The non-emergency health care requiring preauthorization includes: all psychological testing and psychotherapy, repeat interviews, and biofeedback, except when any service is part of a preauthorized or exempt rehabilitation program."</p> <p>This dispute is based upon parties disagreeing when and if preauthorization was obtained. The provider submitted a report that is dated 2-19-02 that has a handwritten note that states, "Extended to 5-31-02 per ___ with ___." The insurance carrier submitted a report from ___ dated 2-19-02 that is type written "Extended to 5/31/02". The insurance carrier contends that when ___ modified the report, they were not the carrier's agent. The Medical Review Division is unable to resolve preauthorization dispute; therefore, reimbursement is not recommended.</p>
5-31-02	90906 (45 min)	\$90.00	\$0.00	A	\$2.00 / min		

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT code(s) 90900 and 90906.

The above Findings and Decision are hereby issued this 5th day of January 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division